PTO/SB/05 (08-03)
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	UTILITY	Attorney Docket No.	02-TRN-178	O O				
	PATENT APPLICATION	First Inventor	Timothy J. Morscheck	7				
(Only	TRANSMITTAL	Title	Continuously Variable	<u>8.</u>				
(Only	for new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Label No.	EU350691939US	24 0.00				
See MP	APPLICATION ELEMENTS EP chapter 600 concerning utility patent application contents.	ADDRESS TO:	Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450	22.1				
2. App App See 3. Spe - De - Cr - Sti - Re or - Ba - Bri - De	e Transmittal Form (e.g., PTO/SB/17) brit an original and a duplicate for fee processing) plicant claims small entity status. e 37 CFR 1.27. coffication [Total Pages 21] ferred arrangement set forth below) secriptive title of the invention oss Reference to Related Applications atement Regarding Fed sponsored R & D ference to sequence listing, a table, a computer program listing appendix lockground of the Invention ef Summary of the Invention ef Summary of the Drawings (if filed) tailed Description	8. Nucleotide and/or A (if applicable, all nac a. Computer b. Specificat i. CD-ii. Pap.	D-R in duplicate, large table or ram (Appendix) mino Acid Sequence Submission essary) Readable Form (CRF) ion Sequence Listing on: ROM or CD-R (2 copies); or er					
- Cla - Ab	aim(s) stract of the Disclosure	ACCOMPANY	ACCOMPANYING APPLICATION PARTS					
5. Oath or Dia.	wing(s) (35 U.S.C. 113) [Total Sheets] eclaration	Assignment Papers (cover sheet & document(s)) 37 CFR 3.73(b) Statement Power of Attorney 11. Power of (when there is an assignee) Attorney English Translation Document (if applicable) 12. Copies of IDS Statement (IDS)/PTO-1449 Teliminary Amendment Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. Other:						
Prior application For CONTINUA: 5b. is considers	inuation Divisional Continu	ation-in-part (CIP) of prior Art Unit: te prior application, from which	application No.:	•••				
		DENCE ADDRESS	ed application parts.					
Custor	mer Number:	OR C	1 0					
Name	Kevin M. Hinman		Correspondence address below					
Address	26201 Northwestern Hwy.							
City	P.O. Box 766 Southfield	Ctata						
Country	II C A	State MI	Zip Code 48037					
Vame (Print/Ty		elephone (248) 226-6822	Fax (248) 226-682	25				
Signature	(Pe) Kevin M. Hinman	Registration No. (Attorney/A	gent) 35193					
	information is required by 27 6	<u>. </u>	Date 10/28/	<u>.</u>				
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FEE TRANSMITT	M	Complete if Known								
	`_	Application Number		nber Tr	3D					
for FY 2004			Filing Date		Не	Herewith				
Effective 10/01/2003. Patent fees are subject to annual revision.			First Named Inventor		entor Ti	Timothy J. Morscheck				
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name			Unkhown				
TOTAL ANGUMENT		Art Unit Unknown								
		Attorney Docket No. 02-TRN-178								
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)									
Check Credit card Money Other None										
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Deposit Account 05-0275	Fee Code	Fee (\$)	Fee Code	Fee (\$)	F	ee Description				
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Name The Director is authorized to: (check all that apply)	1053	130	1053	130	cover sheet Non-English	specification	 			
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1. BASIC FILING FEE	1252	420	2252	210		or reply within second month				
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1202 18 2202 9 Claims in excess of 20					property (time	s number of properties)				
1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	Filing a submit (37 CFR 1.12	ission after final rejection 9(a))				
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each addi	tional invention to be				
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801		examined (37	CFR 1.129(b))				
1205 18 2205 9 ** Reissue claims in excess of 20	1802		1802	385	Request for (Continued Examination (RCE)				
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or number previously paid, if greater; For Reissues, see above	asic Fil	ng Fe	e Paid	SUBTOTAL (3) (\$)						
SUBMITTED BY (Complete (if applicable))										
Name (Print/Type) Kevin M. Hinman		gistratio		351	.93	Telephone(248) 226-6	822			
Signature Leim. Umin. (Attorney/Agent) 33193 reiepnone 248) 226-6822										

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